

ASSURANCES

1. I verify that I have a minimum of one full school year as a full-time special education paraprofessional under the supervision of a special education teacher.

The paraprofessional experience was completed in this school system: _____

2. This school system has employed me in an appropriate special education position:

3. I am completing the limited apprentice high incidence special education program through this university:

4. I have been provided a plan of study by the university and understand which coursework needs to be completed each semester.

a. I have completed the first semester (minimum of at least 6 credit hours) from my plan of study.

b. I am currently enrolled in second semester coursework from the plan of study.

5. I have earned degree(s) from the following college/university:

STATE	NAME OF COLLEGE/UNIVERSITY	DEGREE	YEAR		LAST TERM OF ATTENDANCE	
			EARNED	TERM	TERM	YEAR

SIGNATURE AND DATE REQUIRED

I certify that I am of good moral character and that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation of facts may result in the denial or revocation of my certificate or license.

I hereby grant the permission and authorize the Kansas State Department of Education to verify all responses with any mental health facility or governmental agency, including a release of any information concerning myself in the child abuse and neglect central registry records, and to

For more information, contact:

Teacher Licensure and Accreditation
(785) 296-2288
(785) 296-7933 - fax



Kansas State Department of Education
900 S.W. Jackson Street, Suite 102
Topeka, Kansas 66612-1212

(785) 296-3201
www.ksde.org

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 S.W. Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201.

- c. Has completed a minimum of one full school year as a full-time special education paraprofessional under the supervision of a special education teacher.
- d. We have collaborated with _____ (school system name) regarding the approved high incidence special education program the applicant is pursuing and the on-site support the teacher will receive from our university.
 - The university advisor has provided their contact information with the assigned mentor teacher for collaboration purposes in supporting the candidate.

3. Plan of study:

- a. A copy of the plan of study is attached.
 - 1. Applicant has completed the first semester (minimum of 6 credit hours)
 - 2. Applicant is currently enrolled in second semester coursework.
 - 3. Applicant should complete the program requirements during this semester _____ and the limited apprentice license (LAL) should be issued valid through the stated semester.
- b. The applicant and the hiring school system have been provided with a copy of the plan of study.

I certify that the information on the application is true and complete to the best of my knowledge.

Program administrator (please print)

Title/position (please print)

Program administrator signature

Date

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GUIDELINES



Fingerprint Instructions

You _____ use the Kansas preformatted card (FBI, FD258). Only one card is required.

A ei U] YX`Uk `YbZcfW`a Ybhc `Wf` or properly trained school personnel _____ take your b[Yfdf]blg`"

1. Make an appointment with your local law enforcement agency (or school personnel) to have your prints taken. B chY`h` Y`Zc` `ck]b[`]hYa` g`hc` ` bring to your appointment:

The V`Ub_` ` b[Yfdf]bhWfX that was included in this dUWYh`"

At least ONE form of `d]W`i` fY`]XYbh]` W]h]cb.

@Uk `YbZcfW`a YbhU] YbWYg`a UmWUf[Y`U`ZY`hc` hU`_Y` your prints` `VY`dfYdUfYX`k]h` U`check or cash` hc` dUm` h`]g`ZY`hc` h` Y`Uk `YbZcfW`a YbhU] YbW`i`H`]g`ZY`hc` hU`_Y` n`ei` f`df]blg`]g`]b` UXX]h]cb` hc` h` Y`~`) \$`ZY`WUf[YX`Vmh`Y` ?UbgUg`6i` fYU` `cZ` bj` Ygh]]U]cb` fP`6` L`hc` W`b`Xi` W`h`Y` VUW]]fci` bX`WYW`"

The \$50 fee KBI fee covers a criminal records VUW]]fci` bX`WYW`" Bring a check or money order for \$50 made payable to KSDE. H`]g`dUna` Ybhik`]` VY`gYb]` hc` ?G89`]b` h` Y`gLa` Y`Ybj` Y`cdY`k`]h` n`ei` f` W`a` d`Y`h`X` b[Yfdf]bhWfX`"

- The \$50 fee for the background check must be submitted as a separate payment from the application fee that is submitted with the license application. **DON'T COMBINE THE BACKGROUND FEE AND THE APPLICATION FEE.**

Bring a pre-addressed, stamped envelope large Ybci [` \` hc` UWW`a` a` cXU`h`Y`h`Y` ` b[Yfdf]bhWfX`k`]h` n`ei` to your appointment. M`ci` `a` Um`i` gY`h`Y`Ybj` Y`cdY`n`ei` ` fYW]]YX`h`Y`WfX`]b` UbX`h`Y`a` U]]b[`UWY`dfcj`]YX`cb` this sheet. Address to:

KSDE

